

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14893

State File No. _____

FILED JUN 3 1955

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>CARROLLTON</u> c. LENGTH OF STAY (in this place) <u>6 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u> c. CITY OR TOWN <u>MT LEMMON</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>HARTWIG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 25 1955</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB 16. 1879</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OWENSVILLE, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN T. HARTWIG</u>		13b. MOTHER'S MAIDEN NAME <u>META HAMPPELMAN</u>		14. NAME OF HUSBAND OR WIFE <u>MARY HARTWIG DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ARTHUR J. H. HARTWIG 3404 BURMAN MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Sepsis, Heart attack</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Salivary Cholecystectomy</u> DUE TO (c) <u>6 da post operative</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>584X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>6 da.</u>	
19a. DATE OF OPERATION <u>5-21-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Complete blockage of common bile duct with stones found at Surgery.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5-20</u> , 19 <u>55</u> , to <u>5-26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>55</u> , and that death occurred at <u>11:00 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>Arthur J. H. Hartwig</u>		23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>5-26-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-28</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION LUTHERAN</u>		24d. LOCATION (City, town, or county) (State) <u>CORDER MO</u>	
DATE REC'D BY LOCAL REG. <u>6-3-55</u>		REGISTRAR'S SIGNATURE <u>Glyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. Jahn</u>		ADDRESS <u>Concordia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 7 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *E. L. James*

Licensed Embalmer No. *205*

P. O. Address *Concord*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.